

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR
UTILITY OR DESIGN APPLICATION
USING AN APPLICATION DATA SHEET
(37 CFR 1.76)**

Application Number	Not yet known
Filing Date	Not yet known
First Named Inventor	Dietrich W. Schultz
Group Art Unit	Not yet known
Examiner Name	Not yet known
Attorney Docket Number	21540-05799

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
☒ Application No. _____, filed on January 4, 2002,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/our knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Dietrich W. Schultz Citizen of: U.S.A.

Signature: _____ Date: _____

Inventor two: Hal R. Schectman Citizen of: U.S.A.

Signature: _____ Date: _____

Inventor three: Judith A. Hay Citizen of: U.S.A.

Signature: _____ Date: _____

Inventor four: Michael P. Thompson Citizen of: U.S.A.

Signature: _____ Date: _____

☒ Additional inventors are being named on one additional form attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
<p>As the below named inventor(s), I/we declare that:</p> <p>This declaration is directed to:</p> <p> <input type="checkbox"/> The attached application, or <input checked="" type="checkbox"/> Application No. _____, filed on January 4, 2002, <input type="checkbox"/> as amended on _____ (if applicable); </p>	
<p>FULL NAME OF INVENTOR(S)</p>	
<p>Inventor five: <u>Kevin G. Wallace</u></p>	<p>Citizen of: <u>U.S.A.</u></p>
<p>Signature: _____</p>	<p>Date: _____</p>
<p>Inventor six: <u>Steven R. Kusmer</u></p>	<p>Citizen of: <u>U.S.A.</u></p>
<p>Signature: _____</p>	<p>Date: _____</p>
<p>Inventor seven: _____</p>	<p>Citizen of: _____</p>
<p>Signature: _____</p>	<p>Date: _____</p>
<p>Inventor eight: _____</p>	<p>Citizen of: _____</p>
<p>Signature: _____</p>	<p>Date: _____</p>
<p>Inventor nine: _____</p>	<p>Citizen of: _____</p>
<p>Signature: _____</p>	<p>Date: _____</p>
<p>Inventor ten: _____</p>	<p>Citizen of: _____</p>
<p>Signature: _____</p>	<p>Date: _____</p>
<p>Inventor eleven: _____</p>	<p>Citizen of: _____</p>
<p>Signature: _____</p>	<p>Date: _____</p>
<p>Inventor twelve: _____</p>	<p>Citizen of: _____</p>
<p>Signature: _____</p>	<p>Date: _____</p>
<p>Inventor thirteen: _____</p>	<p>Citizen of: _____</p>
<p>Signature: _____</p>	<p>Date: _____</p>
<p>Inventor fourteen: _____</p>	<p>Citizen of: _____</p>
<p>Signature: _____</p>	<p>Date: _____</p>

Please type a plus sign (+) inside this box →

+

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not yet known
Filing Date	Not yet known
First Named Inventor	Dietrich W. Schultz
Title	AUTOMATIC LINKING OF DOCUMENTS
Group Art Unit	Not yet known
Examiner Name	Not yet known
Attorney Docket Number	21540-05799

I hereby appoint:

☐

Practitioners at Customer Number

00758



OR

☒

Practitioner(s) named below:

Name	Registration Number
Michael Plimier	43,004
Greg T. Sueoka	33,800
Elaine M. Heal	44,149

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐

The above-mentioned Customer Number.

I am the:

☒

Applicant/Inventor

OR

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Dietrich W. Schultz

Signature

Date

I am the:

☒

Applicant/Inventor

OR

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Hal R. Schectman

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Please type a plus sign (+) inside this box →

+

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT
(supplemental sheet)**

Application Number	Not yet known
Filing Date	Not yet known
First Named Inventor	Dietrich W. Schultz
Title	AUTOMATIC LINKING OF DOCUMENTS
Group Art Unit	Not yet known
Examiner Name	Not yet known
Attorney Docket Number	21540-05799

I hereby appoint:

☐

Practitioners at Customer Number

00758



OR

☒

Practitioner(s) named below:

Name	Registration Number
Michael Plimier	43,004
Greg T. Sueoka	33,800
Elaine M. Heal	44,149

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒

The above-mentioned Customer Number.

I am the:

☒

Applicant/Inventor **OR**

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Judith A. Hay

Signature

Date

I am the:

☒

Applicant/Inventor **OR**

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Michael P. Thompson

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT (supplemental sheet)

Application Number	Not yet known
Filing Date	Not yet known
First Named Inventor	Dietrich W. Schultz
Title	AUTOMATIC LINKING OF DOCUMENTS
Group Art Unit	Not yet known
Examiner Name	Not yet known
Attorney Docket Number	21540-05799

I hereby appoint:

☐

Practitioners at Customer Number

00758



OR

☒

Practitioner(s) named below:

Name	Registration Number
Michael Plimier	43,004
Greg T. Sueoka	33,800
Elaine M. Heal	44,149

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒

The above-mentioned Customer Number.

I am the:

☒

Applicant/Inventor **OR**

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Kevin G. Wallace

Signature

Date

I am the:

☒

Applicant/Inventor **OR**

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Steven R. Kusmer

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.